

**ADDENDUM NUMBER: ONE**

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT  
601 EAST KENNEDY BLVD, 16<sup>th</sup> FLOOR  
TAMPA, FLORIDA 33602

DATE: **September 25, 2018**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant's sealed Application.

ADDENDUM TO: **THE PROVISION OF OUTPATIENT AND AMBULATORY HEALTH AND SUPPORT SERVICES, FOR INDIVIDUALS WITH HIV DISEASE**

RFA NUMBER: **RW1-18**

RFA SUBMISSION DEADLINE DATE AND TIME: **Tuesday, November 13, 2018, 5:00 PM, EST.**

PLACE: **Health Care Services Department, 601 E. Kennedy Blvd, 16<sup>th</sup> floor, Tampa, Florida 33602**

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

1. **“Shouldn't question #3 of Section 2.4 be Attachment number 18 and not 19?” Yes, please change question to read Attachment XVIII.”**  
3. Provide copies of appropriate insurance coverage for the service being proposed, submit as **ATTACHMENT XVIII**. If you do not have the current limits listed under Exhibit G #1, please provide documentation that your agency has the ability to provide the appropriate insurance coverage effective at the beginning of the contract period. Insurance limits for each service category are provided in Exhibit G.
2. **“Shouldn't question #1 of Section 3.1 be Attachment number 19 and not 20?” Yes, please change question to read Attachment XIX.”**  
1. Complete and include the Condition of Award Budget form attached as **ATTACHMENT XIX**. Complete and include the budget narrative which describes job duties for listed staff, and descriptions of other lines. The line item budget must be completed. Administrative costs cannot exceed 10% of the budget submitted, which includes rent and utilities. Travel expenses must comply with COUNTY standards and allowance for Part A funding. Mileage shall not exceed the County rate for Part A. No out-of-state travel is allowable under this grant unless approved by the Recipient for HRSA sponsored events.
3. **There are only seven (7) committees of the Care Council, some were collapsed into other committees so there are no longer 10 committees. The seven committees are listed in the RFA.**
4. **The Quality Management (QM) will be one allocation and require one grant application submission (with appropriate number of copies) however two budgets will be required. The total QM allocation will be \$179,878, with submission of a Part A budget of \$144,878 along with an HCHCP budget for the \$35,000. These funds will not be awarded to more than one applicant.**

**5. Are the primary care, specialty care and lab codes preloaded into e2Hillsborough?**

Yes, all codes are entered into e2Hillsborough. You can scroll down to the code you are looking for or you can start typing the code in the system and it will take you to that code. You will need to enter your acquisition cost for specialty care and laboratory costs. The Outpatient/Ambulatory Health Services actual office visit charges will be at a fixed fee based on price submitted in application and possible negotiation.

**6. For clarification, the Planning Council Support allocation of \$163,650 will only be awarded to one applicant as the services are administrative and wouldn't be optimal if split in any manner.**

Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

_____	_____ Authorized Signature (Applicant)
Witness	_____ Title of Person Signing Above
	_____ Typed Name of Firm, Corporation, Business or Individual
	_____ Address
	_____ Telephone Number

(The remainder of page intentionally left blank.)